BINDIN

FOR

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	Į į	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH		16
County Frederick	Registration Dist, No. 139	
Village or City State Sanatorium	No. Waryland St.	Ward
Length of residence in city or town where deeth occurredyrs,2mos.	death occurred in a hospital or institution, give its NAME instead of street and number 2.6 ds. How long in U.S. if of foreign birth?yrsmos	r) ds.
2. FULL NAME Frank Bassow	akei	
(a) Residence: No. MAZYLAND COLOSIS SANA	Baftimore Maryland	
(Usuat place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH	4
5a. If married, widowed, or divorced	(Month) (Day) (Y	fear)
HUSBANO OF Helen Bacrowski	22 I HEREBY CERTIFY, That t ettended decees	ed from
0 1		934
6. DATE OF BIRTH (month, day, and year) Lept. 18, 1898	t tast saw hearn alive on June 17 , 1934; deat	h Is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 7. 50 Im.	
· 33 8 29 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	ofonset
8. Trade, profession, or particular kind of work done, as SPINNER,	Julmonary Interculosio ga	n 1934
kind of work done, as SPINNER, Salver, Bookketepen, etc. Salver Keaper. 9. Industry or business in which	0	
work was done, as SILK MILE, SAW MILL, BANK, etc.		
2 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
this occupation (month and year)		
	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Mary Land (State or country)	nous	
13. NAME Antonio Bagrowski 14. BIRTHPLACE (city or town)		
14. BIRTHPLACE (city or town)	Name of operation X-Ray Positive Sputim	
(State of Country) Octana	What test confirmed diagnosis? X- (Cay Was there an au'opsy	2
15. MAIDEN NAME Stella Colchinste:	23. If death was due to external causes (VtOLENCE) fill in also the following:	
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 1	9
(State or country) Woland	Where did Injury occur?	
17. INFORMANT deceased on admission	(Specify city or town, county and State) Specify whether injury occurred in tNOUSTRY, in HOME, or in PUBLIC PLACE.	
(Address)		
18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date unknown 19	Manner of Injury	
Place Date Date 19	Nature of Injury	
19. UNDERTAKER M. L. Creager (Address) Thurm and Mad	24. Was disease or injury in any way related to occupation of deceased?)
6, 2/2 / 1/20	(Signed) Paul Cohen	
20. FILEO Registrar.	(Address) State Sanatonium	M. D.
If more Kanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

should state

30	Registration Dist. No. No. No. St., Wa (If death occurred in a horpital or institution, give its NAME instead of street and number) os. ds. How long in U.S. if of foreign birth? St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. I HEREBY CERTIFY, That I attended deceased from the date dated above, at the control of the dated
Length of residence in city or town where death occurred 39 yrs	OS. How long in U.S. if of foreign birth? St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. I HEREBY CERTIFY, That I attended deceased from the date stated above, at the have occurred on the date stated above, at the properties of importance were as followers.
(a) Residence: No. Wild alleton (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS SEX	St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. I HEREBY CERTIFY, That I attended deceased from 1934, to 2007, 1932, death is set to have occurred on the date stated above, at 2007, 1932, death is set to have occurred on the date stated above, at 2007, 1932, death is set to have occurred on the date stated above, at 2007, 1932, death is set to have occurred on the date stated above, at 2007, 1932, death is set to have occurred on the date stated above, at 2007, and 2007,
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS SEX	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. I HEREBY CERTIFY, That I attended deceased from 1934 to 1934
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. I HEREBY CERTIFY, That I attended deceased from 1934, to 27, 1934, death is sto have occurred on the date dated above, at 2 m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follower.
SEX 4. COLOR OR RACE OR DIVORCED (write the word) AGE Years Months Days If LESS than Iday, bro	21. DATE OF DEATH (Month) (Day) (Yeaf) 22. I HEREBY CERTIFY, That I attended deceased from the live on to have occurred on the date dated above, at 2 m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follower.
OR DIVORCED (write the word) If merried, widowed, or divorced HUSBAND of (or) WIFE of DATE OF BIRTH (month, day, and yeer) AGE Years Months Days If LESS than	(Month) (Day) (Yeat) 22. I HEREBY CERTIFY, That I attended deceased from 1934, to 27, 1934, death is sit to have occurred on the date dated above, at 2 m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follower.
DATE OF BIRTH (month, day, and yeer) DATE Years Months Days If LESS than I day, bro	22. I HEREBY CERTIFY. That I attended deceased from 1934, to 27, 1932, death is set to have occurred on the date stated above, at 2 m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follower.
DATE OF BIRTH (month, day, and yeer) AGE Years Months Days If LESS than	I last saw h elive on 1934, to 27, 1934; death is si to have occurred on the date stated above, at 2 m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follower.
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
AGE Years Months Days If LESS than	to have occurred on the date clated above, atm. The PRINCIPAL CAUSE OF DEATH and releted causes of importance
80? Wulson Unlean or	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
0.7	
8. Trade, profession, or perticular kind of work done, es SPINNER, deble wind	27
SAWYER, BOOKKEEPER, etc. 9. Industry or business In which	Garany Houndroses 1 2
Work was done, as SILK MILL, Worterne 39 ms	1
10. Date deceased last worked at tustory 11. Total time (years)	Jamo alas
this occupation (month and walland spant in this year)	
BIRTHPLACE (city or town) Wary and	Other Contributory Causes of importance:
13, NAME VALLE VALLE	
15, WAME	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME ULSSUOTUS	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Luls	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did Injury occur?
INFORMANT James, a. tryes lenst. (Address) youtherne Horset The den che mid.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Monteure Semetry Date June 28, 1924	Nature of Injury
UNDERTAKER James a Jones Cuft	24. Was disease or injury In eny way related to occupation of deceased? 220
FILED 28 June, 1924 Draf Investig	(Signed) Dollars M

115. O O "

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1921	Run over by street car	1 week ago
July5,1927	Peritonitis	3 days ago
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May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY. properly classified.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of

certificate.

N. B.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1.	2 4	9	0	Q
U	1	J	V	0

1. PLACE OF DEATH			(45)	.,
County Frederick			Registration Dist. No. 14	4
Village or City Thurmon	t		NoSt	Ward
Length of residence In city or Iown where	deeth occurred		If death occurred in a hospital or institution, give its NAME instead of street and sds. How long in U.S. if of foreign birth?yrsmm	number)
2. FULL NAME Amand	a Mori	ah Baltz	zell	
(a) Residence: No.	hurmont		St. Ward.	
	(Usual place	of abode)	If nonresident give city or town and	State
PERSONAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White		RRIED, WIDOWED, ED (write the word) WEQ	21. DATE OF DEATH (Month) (Day)	, 193
5e. If marriad, widowed, or divorced HUSBAND of				(1641)
(or) WIFE of Wm. Ba	ltzell		22. I HEREBY CERTIFY, Thet I attended	deceased from
			April 10 , 1934, to from 36	19.0 %
6. DATE OF BIRTH (month, day, and year) AU	C	Oth. 1855		death is sald
7. AGE Yeers Months	Days	If LESS than I day,hrs.	to have occurred on the date stated above, et 2.5. A.m.	
78 9	1 29	ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:	Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc	Housew	ork		
SAWYER, BDDKKEEPER, atc			Caramona Jan Hougen	1932
work was done, es SILK MILL, SAW MILL, BANK, atc.	Own Ho	me	involving of croal of	
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, atc 9. Industry or businass In which work was done, es SILK MILL, SAW MILL, BANK, atc 1D. Dete dacesad last worked at this occupetion (month and Sep	t. 33 spe	time (yaars) ent In this 45	Trimary corcinoma of lower four sugar	
Nea			Dthar Caatributery Causes of Importance:	
12. BIRTHPLACE (city or town)		Md		
	~		- Ochander	
13. NAME HORY C	Smith.			
14. BIRTHPLACE (city or town)	ermany		Neme of operation	
(Steta of country)	3.6		What test confirmed diagnosis? Was there an a	utopsy? 200
15. MAIDEN NAME Annie 16. BIRTHPLACE (city or town) Fr		rt	23. If death wes due to externel causes (VIOLENCE) fill in also the following	:
0 16. BIRTHPLACE (city or town)	rederick		Accident, suicide, or homicide? Date of injury	, 19
(Stete of Country)		MD.	Whare did injury occur? (Specify city or town, county and State	
17. INFORMANT Mrs John (Addrass) Thurmont	Style MD		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	ÄCE.
18. BURIAL, CREMATION, OR REMOVAL			Menner of injury	
Place Phurmont	cen Ju	14-2-19-34	Netura of injury	
19. UNDERTAKER M.L.Creage	r & Son		24. Wes disease or injury in any way related to occupation of deceased?	cad
(Addiess) Thurmo	nt.	MD.	If so, specify	~= -
20. FILED July 1 1934 An	ma. In (Anen	(Signed) Homeste Bull	M, D.
20. 11.10		Registrar.	(Address) (Thursday)	med

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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1. PLACE	SIAIE (OF MAF	RYLAND-	CERTIFICATE OF DEATH 05999
	Frederick			No. 140 W. Registration Dist. No./3/
2. FULL N	3 40 7072	are (m	yrs, mo	How long in U.S. if of foreign birth?
(a) Resi	dence: No. 140 W11	nchester (Usualplac	e of abode)	St., Ward. If nonresident give city or town and State
PERS	ONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single				21. DATE OF DEATH June 16 , 193 4 (Year) (Year)
5a. If married, wi HUSBAND ((or) WIFE o	dowed, or divorced of	+ .		22. I HEREBY CERTIFY, That I attended deceased for June 16 19 34 to June 16 19 3
6. DATE OF BIR	TH (month, day, and year) Years Months	June 16. Days	If LESS than I day, hrs. or min.	I last saw h alive on, 19; death is s to have occurred on the date stated above, at
SAW 9. Industry work SAW 10. Date dee this o yaar) 12. BIRTHPLACE	(411) 01 10 111)	11. Total sp oc	Vone- time (years) ant in this aupation	Still Born Other Contributory Causes of Importance:
(State or		d.		,
14. BIRTHPL	Alton M. Bare ACE (city or town) e or country)	Frederick	Č.	Name of operation Date of What test confirmed diegnosis? Was there en au'opsy?
15. MAIDEN NAME Louise Mamerick 16. BIRTHPLACE (city or town) Mountaindale (State or country) Md. 17. INFORMANT Alton M. Bare				23. If death was due to extarnal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(Address) 18. BURIAL, GREA	ALIAN, COREMOVALY		ne 17 ₁₉ 34	Manner of injury
19. UNDERTAKER (Address) 20. FILED 17-	Frederick, N	a) me	Curoly Registrar.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed)

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		•	

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Registrar.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related cau of importance were as follows:	ISES Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BAIDEAU V.	5		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 B.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	<u> </u>
County Frederick	Registration Dist. No./3/
Village or City Mr Frederick	No. 1. 0. F. Rome St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos, ds.
2. FULL NAME Mrs. Jennie R Barnes (a) Residence: No. (Usual place of abode)	St., Ward. Baltimore, Md. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow	21. DATE OF DEATH June 10th. (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. R. Barnes	22. MI HEREBY CERTIFY That I atlended deceased from 1934, to 1934, to 1934, death is said
6. DATE OF BIRTH (month, day, and year) Oct. 12, 1850 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 101m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: Data of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	Mys card althrospic ung Mital Insufficiency Other Contributory Capses of importance:
12. BIRTHPLACE (city or town) Maryland (State or country) 13. NAME Henry Allan, 14. BIRTHPLACE (city or town) England. (State or country)	Cent by Onthree polymers Name of operation
(State or country) 15. MAIDEN NAME Sarah Willis. 16. BIRTHPLACE (city or town) (State or country) 1. O. O. F. Rome Records 17. INFORMANT	What test confirmed diagnosis? Was there an au'opsy? 23. If death was due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide? Date of injury 19
(Address) 18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Baltimore June 12, 19 34	Menner of injury
19. UNDERTAKER M. R. Etchison & Son, (Address) Frederick, Wd. 20. FILED 12 June, 19 & Araa McCush Registrar.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	- 1984 -	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	RITERALIS. S.	July 5,1927	Peritonitis	3 days ago
<u></u>				
Other contributory causes of	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				1

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	930
County Frederick	Registration Dist. No. 13
Village or City Johnsville Dist	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residonce in city or town where death occurredyrsmo	s,ds. How long in U.S. if of foreign birth? yrs mos, ds.
2. FULL NAME John Wesley Black	2
(a) Residence: No. Johnsville Dist. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Widowed, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yoar)
5a. If mairied, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
(or) Wis Learna Pforty	Sept 3 ,1938, 10 6-4- ,1934
6. DATE OF BIRTH (month, day, and year) May 17th 1868	I last saw h. im alive on 6 - 4 - 19354; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 9 30 p.m.
7/ 0 /7 1 day, hrs	The PRINCIPAL CAUSE OF DEATII end related causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER,	Chronic Ingreachting
SAWYER, BODKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	(allowol)
1D. Date deceased last worked at this occupation (month and year) 11. Total timo (years) spent in this occupation occupation	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	acute nephrele
13. NAME Samuel Black	active rejorners
14. BIRTHPLACE (city or town)	Name of operation Dete of
(State or country)	What test confirmed diegnosis? Was there an aulopsy?
15. MAIDEN NAME Margaret Reed	23. If death was due to external causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME Magaret Reed 16. BIRTHPLACE (city er town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT ROY Black (Address) Whion Bridge W	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place / Slewer Jampate Jans 2/, 1934	Neture of injury
19. UNDERTAKER Parall & Ollaugh (Address) Liberty town find	24. Was disease or injury In any way related to occupation of deceased?
20. FILED James 6., 1934 AS Cufinan. Registrar.	(Signed) 1. N. Lagger M. C. (Address) eller on But M.
If more blanks are needed, address State Registra	1. 2411 N. Charles Street. Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitiat nephrilis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Little & Control of the Control of t			
Other contributory causes of importance:		Other contributory causes of importanco:	
Gallstones	May.1,1923	Gastroenteritis	1 year

Date of onset

Wes there en autopsy

(Address) _ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:	=4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

OCCUPATION

FATHER

MOTHER

Length of residence in city or town where death occurred 30 yrs mos ds. How long In U.S. if of foreign birth? yrs mos ds. 1 HEREBY CERTHY. That I attended deceased from Date of onset What test confirmed diagnosis?_____ Was there an au'opsy? 19. UNDERTAKER M. R. Etchison & Son 24. Was disease or Injury In any way related to occupation of deceased? OY (Address), Frederick, Md If so, specify Registrar,

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	10		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDIN

V. S. No. 1

1. PLACE OF DEATH	F MARTLAND	CERTIFICATE OF	DEATH UDUSH
County Traduce	4	Regi	istration Dist. No. 141
Village or City		No	
2. FULL NAME AMOS	Arms On mos	eas. How long in U.S. If of foreign	birth?ds
	corr cann		
(a) Residence: No.	(Usual place of abode)	St.,Ward.	onresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIF	FICATE OF DEATH
mule white	5. SINGLE, MARRIED, WIDO WED, OR DIVORCED (write the word)	21. DATE OF DEATH	(Day) (1934)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Oungliey	Gibbons	22. I HEREBY CEI	RT1FX. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	uch 30th 1909	I Wast saw h. Lee alive on Lee	29, 19 31; death is said
7. AGE Years Months	Oays If LESS than	to have occurred on the date stated above,	
25 2	28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and re were as follows:	lated causes of importance
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Taborer	Hrackened (Queeal
9. industry or business in which work was done, as SILK MILL,		pertable	A + A
SAW MILL, BANK, etc	11, Total time (years) spent in this occupation	See of for	led fractions
12. BIRTHPLACE (city or town)	d	Other Contributory Causes of Importance:	20,3
	Ax	saumay	Theres Care
13. NAME CMOS COM 14. BIRTHPLACE (city or town) (State or country)	Mod	Name of operation	Date of
	1100 7- 110	What test confirmed diagnosis?	Was there an autopsy? CK
15. MAIDEN NAME Martha &	and	23. If death was due to external causes (VIOI Accident, suicide, or homicide?	LENCE) fill in also the following:
17. INFORMANT Mrs Audies (Address) Donumsus	annon	Specify whether injury occurred in INOUST	ry, ig HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Bursel Height Drums	Date Jesn 30, 1934	Manner of Injury	o cuto Canal
19. UNDERTAKER ATT 22 17 9. (Address) Journs	ick my	24. Was disease or injury in any way related	to occupation of deceased?
20. FILED JAMES 20 , 19 24 MM	S. A. S. Hallows	(Signed) Julian (Address) Sun	wick Hud

Statement of occupation.—Precise statement of occupation is very important, to that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years prover. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 are own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			PERMI	

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 06005
1. PLACE OF DEATH	191)
County Theoline Ma	Registration Dist. No. 12
	death occurred in a hospital or institution, rive its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME Momas	rew
(a) Residence: No. 148 W South (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR BYWORCED twite the word Whole Wrolowed	21. DATE OF DEATH (Month) 79 (Yeer) (Day) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of (OL) MITE OF Claa Hooher	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 10 - 8- 1856	hast saw h to alive on him Alayer death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at/ P_m.
77 8 21 1day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	aute Cardine dilatation - 24.34
kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	
D 1D. Date deceased last worked et this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Freglenich	Other Contributory Causes of importance:
(State or country)	News aristration 1/2931
I 13. NAME William Chew	
13. NAME William Chen 14. BIRTHPLACE (city or town) Frederick (State or country)	Name of operation
(Siele of County)	What test confirmed diagnosis?
I 15. MAIDEN NAME / Mary ly Joward	23. If death was due to external causes (VIOLENCE) fill In elso the following:
15. MAIDEN NAME Many ann Soward 16. BIRTHPLACE (city or town) Theolerich (State or country)	Accident, suicide, or homicide?, 19, 19, 19, 19, 19, 19, 19
(State of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) 48 Maonth St Freglands Med	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL MILE Comments	Manner of injury
Place Meller Date July Date 1934	Nature of Injury
19. UNDERTAKER Lang & Couly (Address) Trestanish Mid	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 38 June, 1937 and I melinely	(Signed) A Suite of M. D. (Address) The suite of the sui
4	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis C.	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUSEAU V.S.	1			
Other contributory causes of importance:	,	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

em of infor-	should state	f OCCUPA-	
RECORD. Every it	. PHYSICIANS	Exact statement o	
ERMANENT	EXACTLY	g classified.	te.
IS IS A P	e stated	e properly	of certificat
N. B.—WRITE PLAINLY, WITH UNFADING INK -THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
. B.—WR1	matio	CAU	TION
Z	1		1

STATE O	F MARYLAND-	-CERTIFICATE	OF DEATH

15	6	4 6	13	10
U	0	U	13	6
-	-	-		

County Frederick Village or City Buckeys town No. No. (If death occurred in a horpital or institution, give in NAME intend of street and number) Length of residence in city or town where death occurred. 71. mos. 72. FULL NAME John U. Compher. (a) Residence: No. (build place of shoots) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGER, MARRED, WHOWED, OR MONOCOUNTY OR MONOC	1. PLACE OF DEATH	1	-		82-0			00000
Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. St. Mard. 1. How long in U.S. If of foreign birth? As the wording in U.S. If of foreign birth? As the wording in U.S. If of foreign birth? As the wording in U.S. If of foreign birth? As the wording in U.S. If of foreign birth? As the wording in U.S. If of foreign birth? As the wording in U.S. If of foreign birth? As the wording in U.S. If of foreign birth? As the wording in U.S. If of foreign birth? As the wording in U.S. If of foreign birth? As the wording in U.S. If of foreign birth? As the wording in U.S. If of foreign birth? As the wording in U.S. If of foreign birth? As the wording in U.S. If of foreign birth? It amounts in U.S. If of foreign birth? As the wording in U.S. If of foreign birth? It amounts in U.S. If amounts in U.S. If amounts in U.S.	County Frederi	ck				Registrat	tion Dist. No.	130
Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. 4. How long in U. S. If of foreign birth? 4. How long in U. S. If of foreign birth? PERSONAL AND STATISTICAL PARTICULARS S. SIX 4. COLOR OR RACE White S. SINCLE MARKIED, WHOWED OR WYORDS (Grime to word) S. II married, widowed, or divorced U. Wife of Amanda Carter 22. LATE OF BIRTH (month, day, and year) Oct. 13, 1868 7. AGE Years Months Days If LESS than Days If LESS than S. SIVER, BOOKKEFER, etc. S. A. Months And U. S. S. S. S. Months Days If LESS than D. S.	Village or City Buck	eystown	55			_	St.,	Ward
(a) Residence: No. (Unsulplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX			occurred					
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE White S. SINGLE, MARRIED, WIDOWED, Or Microband Carter Sol. If married, widowed, or divorced HUSARD of Amenda Carter 21. DATE OF DEATH June 8th., 13. (Month) (Day) (Coar) (Coar) 193. If LESS than 1 day, and year) Oct. 13, 1868 7. AGE Years Months Days If LESS than 1 day, hrs. 65 7. 25 Or. min. AT Irsde, profession, or particular work was done, as SIKK MILL, Church Sexton SAWYER, BOOKKEPER, etc. SAWYER, BOOKK	2. FULL NAME Joh	n U. Compl	her.					
3. SEX Male White So. It married, widowed, or divorced HOSANDO Amenda Carter (c) Note of Amenda Carter 6. DATE OF BIRTH (month, day, and year) Cot. 13, 1868 7. AGE Years Months Cot. 25 1 HEREBY CERTIFY. That t attended deceased from 19.3 × 10. 19.3 × 113.3 × 10. 19.3 × 10. 19.3 × 113.3 × 10. 19.3 × 113.3 × 10. 19.3 × 113.3 × 10. 19.3 × 113.3 × 10. 19.3 × 113.3 × 10. 19.3 × 113.3 × 10. 19.3 × 113.3 × 10. 19.3 × 113.3 × 10. 19.3 × 113.3 × 10. 19.3 × 10.3 × 10. 19.3 × 10.3 × 10. 19.3 × 10.3 × 10. 19.3 × 10. 19.3 × 10.3 × 10. 19.3 × 1	(a) Residence: No.		(Usual place	of abode)	St.,Ward.	If nonresi	ident give city or town	and State
Male White OR DEVORED (periet the word) Sa. If married, widowed, or divorced HUSBAND (Month) (Day) (Year) Sa. If married, widowed, or divorced HUSBAND (Month) (Day) (Year) 22. I HEREBY CERTIFY, That t attended doceased from 19.3 to 19.	PERSONAL AND	STATISTICAL	PARTI	CULARS	MEDICAL CI	ERTIFICA	TE OF DEATH	4
Sa. If married, widowed, or divorced HUSBAND of Amenda Carter 19.3 %, to					21. DATE OF DEATH			
6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE 7. AGE 7. 25	5a. If married, widowed, or divorce					(Month)	(Day)	(Year)
7. AGE Years Months Days If LESS than I day,	(or) WIFE of Amanda	Carter			II II			
7 25 If LESS than 1 day,	6. DATE OF BIRTH (month, day, as	ed year) Oct.	13. 1	868	tast saw h_1m alive on	James	18 ,193	death is said
8. Trade, profession, or particular kind of work done, as SPINNER, SAMYER, BOKKEPER, etc. 10. Date done as SPINNER, SAWYER, BOKKEPER, etc. 110. Date deceased last worked at this occupation (month and spant in this spant in t			Days	If LESS than I day,hrs.	The PRINCIPAL CAUSE OF DEAT			
12. BIRTHPLACE (city or town) Virginia	8 Trade profession or partie	sular Labor SPINNER, R, etc.	rer	•	P) luse	hage	Date of onset
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME John W. Compher 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Mrs. John U. Compher (Address) 18. BURIAL, CREMATION, OR REMOVAL Placa Taylorstown, Va. Date June 11, 19 34 M. R. Etchison & On 19. UNDERTAKER Frederick, Md. 20. FILED Mrs. 1934 Other Contributory Causes of importance: Other Contributory	work was done, as SILI SAW MILL, BANK, etc. To Date deceased last worked this occupation (month	at	11. Total ti	me (vears)				
(State or country) 13. NAME John W. Compher	year)		0071	pation	Other Contributory Causes of impo	rtance:		
13. NAME John W. Compher Virginia	12. BIKTHELACE (City of towil)				Catrin S.	·		1931
What test confirmed diagnosis? Was there an au'opsy? La 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT Mrs. John U. Compher (Address) Buckeystown, Md. 18. BURIAL, CREMATION, OR REMOVAL Place Taylorstown, Va. Date June 11, 19 34 Manner of Injury. Nature of injury. 19. UNDERTAKER Frederick, Md. 20. FILED Mrs. 1934 Mas there an au'opsy? La What test confirmed diagnosis? Was there an au'opsy? La 22. If death wes due to externel causes (VIOLENCE) fill in elso tha following: Accident, suicide, or homicide? Date of Injury. Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of Injury. Nature of injury. 24. Was disease or injury in eny way related to occupation of deceased? If so, specify M. D. (Signed) Mrs. Mas there an au'opsy? La Accident, suicide, or homicide? Date of Injury. 19. UNDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. Specify wh	13. NAME John W.	Compher						
15. MAIDEN NAME Was there an autopsy? 23. If death wes due to externel causes (VIOLENCE) fill in elso the following: 16. BIRTHPLACE (city or town)	14. BIRTHPLACE (city or town	Virginia						
15. Informant Virginia Virginia Accident, suicide, or homicide? Date of Injury		garet Spr	ings					
17. INFORMANT Mrs. John U. Compher (Address) Buckeystown, Md. 18. BURIAL, CREMATION, OR REMOVAL Placa Taylorstown, Va. Date June 11, 19 34 M. R. Etchison & On 19. UNDERTAKER Frederick, Md. (Address) 20. FILED Mrs. 8, 1934 (Signed) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of Injury Nature of injury 24. Was disease or injury in eny way related to occupation of deceased? (Signed) M. D.	16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?		Date of Injury	, 19		
Placa Taylors town, Va. Date June 11, 19 34 M. R. Etchison & Spn 19. UNDERTAKER Frederick, Md. 20. FILED (Signed) Nature of injury Nature of injury 24. Was disease or injury in eny way related to occupation of deceased? (Signed) M. D.	(Address) Buckeystown, Md.			Specify whether injury occurred In	(Specify ci	ty or town, county and n HOME, or in PUBLIC	State) PLACE,	
M. R. Etchison & Son 19. UNDERTAKER Frederick, Md. 24. Was disease or injury in eny way related to occupation of deceased? 25. FILED (Signed) 26. FILED (Signed)	18. BURIAL, CREMATION, OR REMOVAL			Manner of Injury				
19. UNDERTAKER Frederick, Md. (Address) 24. Was disease or injury in eny way related to occupation of deceased? If so, specify (Signed) (Signed) M. D.				B 11, 19 04	Nature of injury			
20. FILED () 19.24 () C	19. UNDERTAKERPreder		- pn			ay related to o	occupation of deceased	24
Registrar. (Address)	20. FILED 8 , 19	34 7.CL	1-1			100	ulon	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURN BURN			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDIN

V. S. No. 1

1. PLACE OF DEATH County Village or City Village or City No. (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred (a) Residence: No. (Bresidence: No. (Cusual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARNED, WIDOWED, OR DOPYORCED (write-the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day,
Village or City No. (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or to in where death occurred. 2. FULL NAME (a) Residence: No. (bual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARINED, WIDOWED, OR DIVORCED (which the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 5b. DATE OF BIRTH (month, day, and year) 1 ast saw has alive on for the date stated above fat. 7. Young fath is said to have occurred in the date stated above fat. 7. Young fath is said to have occurred on the date stated above fat. 7. Young fath is said to have occurred on the date stated above fat. 7. Young fath is said to have occurred on the date stated above fat. 7. Young fath is said to have occurred on the date stated above fat. 7. Young fath is said to have occurred on the date stated above fat. 7. Young fath is said to have occurred on the date stated above fat. 7. Young fath is said to have occurred on the date stated above fath and related causes of importance
Village or City No. (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or to in where death occurred. 2. FULL NAME (a) Residence: No. (bual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARINED, WIDOWED, OR DIVORCED (which the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 5b. DATE OF BIRTH (month, day, and year) 1 ast saw has alive on for the date stated above fat. 7. Young fath is said to have occurred in the date stated above fat. 7. Young fath is said to have occurred on the date stated above fat. 7. Young fath is said to have occurred on the date stated above fat. 7. Young fath is said to have occurred on the date stated above fat. 7. Young fath is said to have occurred on the date stated above fat. 7. Young fath is said to have occurred on the date stated above fat. 7. Young fath is said to have occurred on the date stated above fat. 7. Young fath is said to have occurred on the date stated above fath and related causes of importance
Length of residence in city or to howhere death occurred
2. FULL NAME (a) Residence: No. (Disual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARINED, WIDOWED, OR DIVORCED (wrightle word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE ORDIVORCED (write the word) 5. SINGLE, MARINED, WIDOWED, ORDIVORCED (write the word) 1. DATE OF DEATH (Month) (Day) (Day
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARINED, WIDOWED, OF DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 5. DATE OF BIRTH (month, day, and year) 7. AGE Years MEDICAL CERTIFICATE OF DEATH (Month) (Day) (Month) (Day) (Jaar) 1 HER EBY CERTIFY, That I attended daceased from 1 Jast saw here alive on Justification of the particular of t
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARINED, WIDOWED, ORDIVORCED (which the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years MEDICAL CERTIFICATE OF DEATH (Month) (Day) 193 20. 1 H ER EBY CERTIFY That I attended daceased from 193 1 Sast saw has alive on 193 1 Sast saw has alive on 193 1 That I attended daceased from 193 1 That I attended daceased from 193 1 Sast saw has alive on 193
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (which the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 22. I HEREBY CERTIFY. That I attended daceased from (or) WIFE of 13-1/2/2 last saw here alive on for the said to have occurred on the date stated above fat 7 4 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
6. DATE OF BIRTH (month, day, and year) 1 HEREBY CERTIFY. That I attended daceased from 13-1912 flast saw here alive on 13-1934, to have occurred on the date stated above at 7.45 flast saw for the principal causes of importance 1 day, hrs. 1 HEREBY CERTIFY. That I attended daceased from 13-1912 flast saw here alive on 1934. The principal causes of importance 1 day, hrs. 1 HEREBY CERTIFY. That I attended daceased from 13-1912 flast saw here alive on 1934. The principal causes of importance 1 day, hrs.
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
7. AGE Years Months Days If LESS than to have occurred on the date stated above at 7. 45. The That PRINCIPAL CAUSE OF DEATH and related causes of importance
Tha PRINCIPAL CAUSE OF DEATH and related causes of importance
I that Kinch Ar CADSE OF DEATH and related causes of importance
Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Have Well Licute Westure. SAWYER, BOOKKEPER, etc
kind of work dona, as SPINNER, for work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and securation (month and securation) for this preparation (month and securation).
0 10. Date deceased last worked at this occupation (month ain year) 11. Total time (years) spant in this occupation occupation
Other Coutributory Causes of importance:
(State or country)
- Themound out much
E
what test commined diagnosis?
23. Il death was due to external causes (VIOLENCE) in ill also the following:
16. BIRTHPLACE (city or town) Accident, suicide, or homicide? Data of Injury Data
Where did injury occur? (Specify city or town, county and State)
17. INFORMANT The Class I Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address)
18. BURIAL, CREMATION, OR REMOVAL Mannar of injury
Placal Broy Well Date Date Nature of Injury
19. UNDERTAKER
20. FILED 16. June 1924 Amolurdy (Signed) El Thomas M. D.
If more blanks are needed, address State Registrar, 2471 N. Charles Street Baltimore, Requesting T.) S. No. 7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUPEAU V S.	7		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones " *	May 1,1923	Gastroenteritis	1 year
			1

V. S. No. 1

M	item of infor-	should state	of OCCUPA-
•	ERMANENT RECORD. Every item of infor-	EXACTLY. PHYSICIANS should state	Exact statement of OCCUPA-
SINDING	ERMANENT	EXACTLY	classified.

STATE OF MARYLAND—C	CERTIFICATE	OF	DEATH
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06008

1. PLACE O	F DEATH				120
County	Frederick			Registration Dist.	
Village or City Near Doub (If				NO. death occurred in a hospital or institution, give its NAME inste	St., Ward
Length of res	sidence In city or town where	death occurred	yrsmos	ds. How long in U.S. if of foreign birth?	yrsds.
2. FULL NA	ME Mrs . Henri	etta Rebe	ecca Davis		
	nce: No.			St., Ward. If nonresident give ci	ily or town and State
PERSO	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF	DEATH
3. SEX 4. COLOR OR RACE Female White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow				21. DATE OF DEATH June 10	
Female 5a. If married, wido		HIGOW		(Month)	(Day) (Year)
HUSBAND of (or) WIFE of	Albert W. Day	ris		124 , I HEREBY CERTIFY, T	
6. DATE OF BIRTH	(month, day, and year)	arch 10,	1844	I last saw her elive on Juny 4	, 1934; death Is seid
	ears Months	Days	If LESS than	to have occurred on the dete stated above, at 7. A.	m.
	90 3	0	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of in	
8. Trade, prof	ession, or perticular			tous dead un tred	Date clonset
SAWYE	,	Mousewife.			
work w	as done, as SILK WILL, ILL, BANK, etc	t home		Chronic My reads	tis 18 mis
10. Date deceased last worked at this occupation (month and 6/9/34 spant in this 65 occupation			ime (years) 65 upation		
12. BIRTHPLACE (city or town) Maryland (State or country)			****	Other Contributory Causes of importance:	
13. NAME	John Koontz				
7	E (city or town) Mary	land		Name of operation	
(Stete o	r country)			Whet test confirmed diagnosis?	
15. MAIDEN N.	AME Elizabeth	Trail		23. If death was due to external causes (VIOL ENCE) fill in al	
16. BIRTHPLACE (city or town) Maryland				Accident, suicide, or homicide? Date o	and the second
(State or country) Mrs. John W. Talbott 17. INFORMANT Doub, Md.				Where did Injury occur?(Specify city or town, Specify whether injury occurred in INDUSTRY, in HOME, o	r In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Cem. Fred Date June 12, 19 34			e 12, 19 34	Manner of injury	
(Address)	I. R. Etchison Frederick, Md			24. Was disease or injury In any wey related to occupation of	of deceased?
20. FILED	m) 1, 1934	Chyd-1	Registrar.	(Signed) 3	M. D.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 06089
1. PLACE OF DEATH	
County Frederick WITHIN CORPORATE LINITE	Registration Dist. No/2/
Village or City Frederick	No. 10 t East Street St., Ward
Length of residence in city or town where death occurred 30 yrs mos.	death occurred in a horbital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2 FILL NAME Daniel Denmant	
(a) Residence: No. 108 East	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male Collored. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Manual.	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (a) WIFE of Capies Pennack	22. HEREBY CERTIFY, That I attended dacassed from
6. DATE OF BIRTH (month, day, and yaar) All ukurur	last saw h. Ald alive on PASC 1, 7, 19.27; daath is sald
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trada profession or particular	were as follows:
8. Trada, profassion, or particular kind of work done, as SPINNER, Labour SAWYER, BOOKKEPER, etc.	11 11011 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (month and	
1D. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	
	Dthar Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Resulting a h hulle 1 1-10 3V
II 13. NAME WILLIAM	The special of the second
13. NAME WARDS 14. BIRTHPLACE (city or town) 11.	Name of oparation
(State of Coditity)	What tast confirmed diagnosis?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16, BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT (Address) Hiedaii & Mid	Specify whethar injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Mannar of Injury
Place/Mulierer Cemore 6-18, 1934	Nature of Injury
19. UNDERTAKER Comad Hunerag Home. (Addrass) Hiederick md.	24. Was disease or injury in any way related to occupation of dacaased?
20. FILED F. June, 192 4 Som means	(Signad) A. J. M. D. (Addrass) F. M. D.
If more blahks are needed, address State Resistrar,	2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU	1,5		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			I

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. E			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should

1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH 06011

Registration Dist. No. 13-1

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago REIDERAL Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

STATE OF MARYLA	AND-	CERTIFICATE OF DEATH	119
1. PLACE OF DEATH		3	110
County Frederick		Registration Dist. No./ 3/	
Village or City Firederick	(If	No Trederick City Hospital St., death occurred in a hospital or institution, Nove its NAME instead of street and numl	Ward
Length of residence in city or town where death occurredyrs.		ds. How long in U.S. iI ol loreign birth?yrsmos	ds.
2. FULL NAME Louise Etche	ann.		
(a) Residence: No. Boundar, M.	1	St., Ward.	
(Usual place of abode	11	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	e
PERSONAL AND STATISTICAL PARTICULA 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, W		21. DATE OF DEATH	
Female White	the word)	Month) (Day)	(Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I ettended dece	eased Irom
0.0	22/1	June gent 1934, to June 9	193.4.
6. DATE OF BIRTH (month, day, and year) 9 - June - 19	24	1 St. OBorn	eath is said
1 day	LESS than	to have occurred on the date stated above, at	
8 Trade profession or particular	min.	were es follows:	ate of onset
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.		July Jon	(A
9. Industry or business in which work was done, as SILK MILL,			mes 1
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this negregation (month end	ers)	1 12 mo.	
this occupation (month end spant in thi year) occupation	S		
12. BIRTHPLACE (city or town) Frederick City H	repital	Other Contributory Causes of Importance:	
(State or country) Brederick, m	c.	dead in uter	
13. NAME Harvey Read & tchica	~)	74.01.0	
14. BIRTHPLACE (city or town) Howard La., Mid	-1	Name of operation Date of	
	+	What test confirmed diagnosis? Was there an au'op	sy?
I	1	23. If death was due to external causes (ENCE) fill In also the Iollowing:	10
16. BIRTHPLACE (city or town) Montgomery Ca. (State or country)	1	Accident, suicide, or homicide? Date of injury Where did injury occur?	., 19
17. INFORMANT Mrs. N. Q. Etchison. (Address)		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
Place Clarfully Date from	3,1934	Nature ol injury	
19. UNDERTAKER So to Farther	1-A	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Garthenburg	·Ol	11 so, specify Shows	
20. FILED Jule 11. 19 34 ma Torsand	Registrar.	(Address) Frederick Und	M. D.
If more blanks are needed, address S	fate Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Cerebral hemorrhage.	July 5, 1927	Peritonitis	3 days ago
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		F	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			14 - 1-

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	y item of S should t of OCC
	RD. Ever IYSICIAN statemen
•	NT RECC
MARGIN RESERVED FOR BINDIN	PERMANE EXACT EXACT ly classifie tte.
D FOR	IS IS A I see stated be properly f certifical
SERVE	E should let it may let on back o
RGIN RI	[FADING lied. AG] ms, so that structions
	WITH UN fully supp in plain ter nt. See in
•	INTE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of inforon should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. It is very important. See instructions on back of certificate.
	RITE PI fon shou JSE OF N is ver

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No 131 Village or City (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence In city or town where death occurred How long in U.S. if of foreign birth? If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY, That I attended deceased from (or) WIFE of ___ 19_____ to____ 2 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Davs If LESS than to have occurred on the date stated above, at_____m 1 day X hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or. X -- min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation ... 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town). Name of operation. (State or country) What test confirmed diagnosis?. ----- Was there an au'onsy? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______, 19_____ 16. BIRTHPLACE (city or town) ____ (State or country) Where did Injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of Injury... 24. Was disease or injury In any way related to occupation of deceased? (Address) If so, specify 20. FILED 6

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

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JUL 5 1951			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH

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U	23	4	y.	- 4	2.7	

1. PLACE O	F DEATH			
County	Frederick			Registration Dist. No.
Village or (city Frederick	W 6'	יון אָלְינָי אָלְינָי אָרָנָי אָרָנָי אָרָנייייייייייייייייייייייייייייייייייי	No. 220 8 M. March St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of res	idence in city or town where	death occurred	20 yrs mos	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NA	ME Mrs. Bert	ha Mineol	a Gearinge	r
(a) Resider		t Sixth S		St., Ward.
		(Usual place		If nonresident give city or town and State
	AL AND STATIST	1		MEDICAL CERTIFICATE OF DEATH
Female	4. COLOR OR RACE White	or Diyorce Widow	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widov HUSBAND of				(100)
(or) WIFE of	Rev. Jaco	b R. Gear	inger	22. I HEREBY CERTIFY, That I attended deceased from
& DATE OF BIRTH	(month day of the		3.055	19.3 3, to 27, 19.3 4
7. AGE Yes		March 14,	1875	I last saw h alive on
59	3	8	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Q Trade sunfa	ssion, or particular		ormin.	were as follows:
SAWYER	work done, as SPINNER, BOOKKEEPER, etc.	Mousewif	e	Cancer of for she
9. Industry or work wa	business in which s done, as SILK MILL,			metantased -
SAW MI	LL, BANK, etced last worked at	At Ho		braino 1933
- I IIII OCCU	pation (month and 9/3	Z spa	ime (years) nt in this 30 upation	
				Other Contributory Causes of importance:
12. BIRTHPLACE (ci (State or cour		and	~~=====================================	
₩ 13. NAME	napus	LANI		172.2
13. NAME	(aity as towns)			Non- of a season
14. BIRTHPLACE (Stale or				Name of operation Oate of Was there an au'opsy?
15. MAIDEN NA	ME Uses	uscen		23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NA	(city or town)			Accident, suicide, or homicide? Date of Injury 19
≥ (State or	country)			Where did injury occur?
17. INFORMANT				(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMAT	Trederick,	aryland		
PlaceM	t. Olivet Cem.	Oate 6/23	/34 19	Manner of injury
	34 75 TM 1-1	11		Nature of injury
19. UNOERTAKER (Address)				24. Was disease or injury in any way related to occupation of deceased? 200
12	Frederick W	Lykand	000	If so, specify
20. FILED 20 - JU	une 1924 0000	you	Registrar	(Signed) M. D. (Address) Anderule, M. D.
//		//	Acgistral/	(nutress)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of dcath and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	4		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDIN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(75)
County Trederick	Registration Dist. No. 154
Village or City Ms Entabury	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
T	us. Tow long in 0.5. If of foreign bif(ii?yis,mosus,
2. FULL NAME Traveis J. Telius	eles
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) white	21. DATE OF DEATH (Month) (Month) (Year)
5a. If married, widowed, or divorced HUSBAND of Parrie Grines	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, end year) foc. 2/ - 190 / 7. AGE Years Months, Days If LESS than	I last sew h
3 3 4 12 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related dauses of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and this occupation (month	the alchotohism fans
work was done, as SILK MILL, SAW MILL, BANK, etc	
O 10: Date deceased last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) Emiliately (State or country)	Other Contributory Causes of importance:
	1001-
E 6 4/	
(State or country)	Name of operation Date of
15. MAIDEN NAME Weary Q. Haneles	What test confirmed diagnosis? Was there an au'opsy? 23. If death was due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) Ms. L. Carults by G. (State or country)	Accident, suicide, or homicide?
17. INFORMANT Thornton Radges (Address) Line Stables wed	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMANON, OR REMOVAL Place Limitedury Webate June 5, 19 34	Manner of injury
19. UNDERTAKER M. D. Shape & rend (Address)	24. Wes disease or pury in any way related to occupation of deceased? If so, specify (1) Or
20. FILED June 5=, 19 34 M.F. Sheeffering.	(Signed)
If more blanks are needed address State Prosection	227 N. Chaylas Street Baltimore Paguating 71 S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MINEAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the tired 6 yrs.). For persons who have no occupation ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, Write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enlaborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter fulness of various parsaits can be known. The quescupation is very important, so that the relative health-(a) Foreman, (b) Automobile factory. Civil engineer, Stationary fremen, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-For many occupations a single word or term on The material

Ease causing death—Name, first, the disease causing death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

quenees (e. g., sepsis, tetanus) may be stated under the diseases resulting from childbirth or misearriage as conditions, such as "Asthenia," "Anaemia" (merely causing death), 29 ds.; Bronchopncumonia unqualified, is indefinite); Tuberculosis of lungs, men Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; and qualify as accidental, suicidal, or homicidal, or rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion." "Heart failure." vulsions." symptomatic), "Atrophy," "Collapse," ary). We de. Never report mere symptoms or terminal stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); Meastes; inges, peritonacum, etc., Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. taken. For violent peaths state means of injury State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," etc. can be ascertained as the cause. "Uraemia," "Weakness." etc., when a definite disease Chronic interstitial nephritis, etc. (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be Whooping cough: Chronic valvular heart disease; "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Carcinoma, Sarcoma, etc., of Always qualify all The contributory "Coma," "Con-"Haemor-(second-(disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

4

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(23)
County Frederick	Registration Dist. No.
	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or fown whera death occurredyrs,2mos	O _ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. Poconio (Usual place of abode)	To store ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write five word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I elfended deceased from
1	april 16 , 1934, 10 June 16 , 1934
6. DATE OF BIRTH (month, day, and year) Jan 28, 1884	I lasf saw h_etc_alive ongene/b, 19_34_; death is said
7. AGE Yaars Months Oays If LESS than 1 day,hrs.	fo have occurred on the date stated ebove, af
Trade, profession, or particular kind of work dona, as SPINNER, Saleslady SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, General Store SAW MILL, BANK, etc.	Julmonary Tuberculosio Oste of onset
9. Industry or business in which work was done, as SILK MILL, General Store SAW MILL, BANK, etc 10. Date deceased last worked af this occupation (month and	
this occupation (month and year) ————————————————————————————————————	Other Contributory Canasa of Importance:
12. BIRTHPLACE (city or fown) Maryland (State or country) Maryland	none
13. NAME Ges Croten	
13. NAME Geo Oroten 14. BIRTHPLACE (city or fown) (State or country) Versuma	Nama of operation Oafe of Oates Oates Was there an autopsy? No Was there an autopsy?
15. MAIDEN NAME Wanie Hope	23. If death was due to external causas (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or fown) (Sfate or country)	Accidenf, suicide, or homicide?
17. INFORMANT declased on admission (Address) to Hospital	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
Place Pocom the lity Date unknown	Manner of injury
19. UNDERTAKER M. L. Creager (Addyess) Thurmont (World)	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO 07 16 156 / SCHOOL Registrar.	(Signed) Paul Cohen M.D. (Address) State Sanatorium Id.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
	A-h			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 N. B.—

1. PLACE OF DEATH County Frederick	Period No. 139
4	Registration Dist. No. 1 27
Village or City State Sanatorium	If death occurred in shorpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,3_mo	
2. FULL NAME Roso Hamilton	rocal par s and of si.
MARYING CAMPED CITIONS CA	NATI Baltimore Maryland
(a) Residence: No. 479 Orthony (Usual place of shade)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white OR DIVORCED (write the word)	June 18, 193.4
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Yéar
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased
0 10 10 0	March 9 ,1934, 10 June 18 ,193
6. DATE OF BIRTH (month, day, and year) Lec. 17 1908	I last saw ham alive on June 77, 1934; death is
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 1235 H_m.
25 6 ormin.	were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER.	Pulmon ary Tuberculosis Ot
kind of work done, as SPINNER, Stetple packe SAWYER, BOOKKEEPER, etc. Stetple packe On Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) In Date deceased last worked at 11. Total time (years) SAW MILL, BANK, etc. 11. Total time (years)	Tuberculoris of Intestines with
work was done, as SILK MILL, SAW MILL, BANK, etc	Tuberculors of Splan unk
10. Date deceased last worked at this occupation month and spent in this coupation from the spent in this	
this occupation (month and year) spent in this occupation 5	
Batti	Other Contributory Causes of importance: Chermatic Whital Stenosis who
12. BIRTHPLACE (city or town) / J. allumore (State or country) Maryland	Jealimanie mi car stensors um
13. NAME Geo 17 Hamlton	
The state of the s	No. 1 200 1
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? X - Roy Postura Was thele an aulonsy?
	That took continued disgressions are all all oppy !
	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country) Maryland	Accident, suicide, or homicide?
alana allana	Where did injury occur? (Specify city or town, county and State)
17, INFORMANT Clased on admission	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL	Manage of Latinus
Place Baltimore Date unknowing	Manner of Injury
-100	Nature of Injury.
19. UNDERTAKER M. C. Creeker	24. Was disease or Injury in any way related to occupation of deceased?
(Audiess) purpose ma,	If so, specify Page & Company
20. FILED 9 18 19	(Signed) of and Cohen
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To b	e com	olete, a	an d	occupation	return	must	state:
------	-------	----------	------	------------	--------	------	--------

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "enerative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store." "factor..." "mill." etc.

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Exampl	- 1	Example II	
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Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of unportance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			ECONOMICS:

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(23)
County Frederick	Registration Dist. No.
, and	Nos fary land St., Ward f death occurred in a hypital or institution, give its NAME instead of street and number) s. 16 ds. How long in U.S. if of foreign birth? yrs. mos. ds.
BO 11	
(a) Residence: No. Survival Place of abode)	exsert & was . Maryland If unresidentive city or town and State
PERSONAL AND STATISTICAL PARTICULARS, N	D. MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female 4. COLOR OR RACE OR DIVORCED ("write the word) OR DIVORCED ("write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22
(or) WiFE of hone	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) aug. 18. 1865	Hast saw h. 22 alive on June 19 , 19.34; death is said
7. AGE Years Months Deys if LESS than	to have occurred on the date stated above, et S:35 H.m.
68 10 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	arterio Sclerosis unknown
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	Chrome Myocarditio unknown
work was done, as SILK MILL, SAW MILL, BANK, etc.	Adherine Verncarditis & unknown
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceesed last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	Thology intentive
12. BIRTHPLACE (city or town)	Other Coutributory Causes of Importance: Pulmonary Tuberculosis 8 42
13. NAME Bengamin Harrison 14. BIRTHPLACE (city or town)	
(State of country)	What test confirmed diagnosis?X-Ray Courting Spattor Was there an autopsy? Yes
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. if death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(Stete or country) Maryland	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Oleclased on aclamation (Address)	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Baltimore Date unknown	Manner of injury
19. UNDERTAKER M. L. Creagar Md.	24. Was disease or injury in any way releted to occupation of deceased?
20. FILED OF 20/5 (219 Registrar.	(Signed) Paul Cohen M.D. (Address) Stalo Sanatorium
If more blanks are needed, address State Registrar	2411 N Charles Street Baltimare Pequetting 7) S No.

CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1934	. 18		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			J

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
						To the state of th

	County	Fred	erick,				Registration Dist. No. 147
-Village or-City near, Mt. Airy,							ND
	Length of res	sidence In ci	ty or town where	death o	ccurred_1	Byrs,m	if death occurred in a hospital or institution, give its NAME instead of street and num sds. How long in U.S. if of foreign birth?yrsmos
2	. FULL NA	ME	llara E	liz	abet	n Harris	on,
	(a) Reside	nce: No	ne	ar,	Mt.A	ry,	St., Ward.
Alarkana			D STATIST		-		If nonresident give city or town and Sta
3. 8		4. COLO	R OR RACE	5. SI	NGLE, MAR R DIVORCE	RIED, WIDOWED, D (write tha word)	21. DATE OF DEATH June, 26 19
5a.	If married, wido INUSBAND of (or) WIFE of	wed, or divo		Har			22. I HEREBY CERTIFY That I attended dec
6. I	ATE OF BIRTH	(month, day	, and year) 18	384-	-6-4.		I last saw he delive on June 26 19 24 d
7. /	GE Ye	ars	Months		Days	If LESS than	to have occurred on the date stated above, at
NO	50 8. Trade, profe kind of	ession, or pa work done,	es SPINNER, PER, etc.	10111	22 cowi f	ormin.	wera as Miows: Weebrae Hemonkag.
OCCUPATION	9. Industry or work wa SAW MI	business in s dona, as S LL, BANK, e	Which SILK MILL, Stc	10.00	PPHA		
Ö	10. Date decea:		ked at nth and		11. Total t spe occi	ima (years) ntin this upation	
t 2.	BIRTHPLACE (c (State or cou			awo.	od,		Dthar Cantributary Caases of importanca:
ER	13. NAME	Wi	lliam F	Rid	er,		Cifebral Hunosthalf
FATH		E (city or to r country)		now:	n		Name of operation Date of Date of What test confirmed diagnosis? Reguired His Was there an auto
MOTHER	15. MAIDEN NA	E (city or to	Elizabe	10W		yer,	23. If death was due to external causas (VIDL ENGE) fill in also the following: Accident, sulcide, or homicide? Oate of injury
- 1	INFORMANT	Oliv	rer R.H	Pa arr	ison,		Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMA	TIDN, OR R	EMOVAL	0)		,29-,134	Mannar of injury
	UNDERTAKER	6	min	all	2		24. Was disease or injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	PHYSICIA	BY	STATEMENTS	FURTHER	FOR	SPACE	ADDITIONAL
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STATE OF MARYLAND—CERTIFICATE OF DEATH

0.1

BINDIA

FOR

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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The principal cause of death and related causes of importance were as follows:	Date of conset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitiul nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUNEAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	Similar		12.5
L.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	-CERTIFICATE OF DEATH
County Friderich	Registration Dist. No. 1341
Village or City Bruneswich	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) 105. How long In U.S. if of foreign birth? yrs, mos. ds.
2. FULL NAME Susan Virginia Mc/	Vealley St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
Temple White Widow (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John D Mc Nealley	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) 25 186. 7. AGE Years Months Days If LESS than	I last saw h_ba elive on
8. Trede, profession, or particular	s. the PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: Date of one of the principal causes of importence were as follows:
kind of work done, as SPINNER, Journal Sawyer, BDOKKEEPER, etc	Mital Thouffwairy lines
work wes done, as SILK MILL, SAW MILL, BANK, etc	- Party Mystorally Hau
this occupation (month and spent in this year) occupation	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
13. NAME JAN JA Zrimin 14. BIRTHPLACE (city or town)	Name of operation Note of
(State of country)	What test confirmed diagnosis What Lest confirmed diagnosis What Lest confirmed diagnosis Was there an autopsy? K
15. MAIDEN NAME Kate Sowers	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)(State or country)	Accident, suicide, or hemicide?
17. INFORMANT Misa Gentrade ault	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Burnswick 19, 193.	Manner of injury
19. UNDERTAKER STUTZER FOR	24. Was disease of injury in any way related to/occupation of deceased?
20. FILED June 19, 1934 Mrs by S. Hada	(Signed) M.D. (Address) M.D. (Address) M.D.
If more blanks are needed, address State Registra	ar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

BINDIA

MARGIN

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Exa	imple I	e all	Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1 1 1 1 1 2 1 2 2	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU	July 5,1927	Peritonitis	3 days ago
Other contributory causes of	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis *	1 year

T. PHYSICIANS should state Exact statement of OCCUPA.

stated ENACTLY.

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

V. S. No. 1

06026

1. PLACE OF DEATH	(157)
County tudench WITHIN CORPORATE	Registration Dist. No / 2/2
Village or City Fredericlo	No. Cally Awfulley St., Ward If death occurred in a horpital of institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,mo	s
2. FULL NAME Nother Mr. Chya	4
(a) Residence: No. Parulauiele hmd (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced	(Month) (Day) (Teal)
HUSBAND OF Jula Knight	22. MESEBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h elive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6 A.m.
52 \$ 27 1 day,hrs.	ware as follows:
S8 Trade profession or particular	Data of onsai
8. Trade, profession, or particular kind of work done, as SPINNER, Ingenee SAWYER, BOOKKEEPER, etc.	Vesti esemia Me
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, BYED SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	6.
SAW MILL, BANK, etc	thepto creaic
- this occupation through the one spant in this	
year)	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(State or country)	- Too made of fere.
13. NAME Clarer & Mobiley 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
16. BIRTHPLACE (city or town).	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur?
17. INFORMANT Miss Cora Mobiley (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place platmenter Date force 7 , 1934	Nature of injury
19. UNDERTAKER C. H. Futer Son (Address) Symmowork.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 4-June, 1934 door I meting	(Signed) . Colonia Grand M.
	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I			Example II		
of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVE	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephr	ilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago	
	BURBAU Y. S	i i			
Other contributory cau	ises of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				1	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(1) (1)
County Frederick	Registration Dist. No. 129
Village or City State Sanatorium (II	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town whara death occurredyrs,2mos.	How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME Joseph B. Mose	re
(a) Residence: No. 77 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	TONION (Watery Ballimore Marylan
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	June 20 193 4
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
unknown	april 2 1934, to June 20 , 1934
6. DATE OF BIRTH (month, day, and year) Oct 10, 1886	t last saw h_1 aliva on aliva on 1934; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 3.25. A.m.
47 8 10 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Bricklayer	Gulsonanary fullenloses Jan 193
SAWYER, BODKKEEPER, etc.	· · · · · · · · · · · · · · · · · · ·
work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER. SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
yaar)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Baltanore	Deligi Contributory Causes of Importance.
(State or country) Mary Land	
II 13. NAME Constaurs J. Moore	
I4. BIRTHPLACE (city or town)	Name of operation.
(state of country)	What test confirmed diagnosis? X- Page Was there an au'opsy?
15. MAIDEN NAME Wary & Hasson	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury, 19
E (Stata or country) Mary and	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT dece ased an admission (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Ballimore Data unknown	Natura of injury
19. UNDERTAKER M. C. Creage	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 6/70 , 193.4 Registrar.	(Signed) Carol Chen M.D. (Address) State Sanatarum

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND-CERTIFICATE OF DEATH

T. PHYSICIANS should state Exact statement of OCCUPA-

B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

AGE should be

mation should be carefully supplied.

FOR BINDIN

MARGIN RESERVED

V. S. No. 1

ż

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

stated EXACTLY.

1. PLACE OF DEATH	159
County freder to all Hospital	Registration Dist. No.
Village or City Fredericks Mid	NoSt.,Ward
Length of residence in city or town where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmosds
0 0 0 1 7 11	
	my
(a) Residence: No. About (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIED, WIDOWEI OR DIVORCED (write the word	
a. If married, widowed, or divorced HUSBAND of	22. A HEREBY CERTIFY That I attended deceased from
(or) WIFE of	(une 29 103 4 10 / line 29 19 34
DATE OF BIRTH (month, day, and year) 29- June - 193	
AGE Years Months Days If LESS the	
D O O I day,	hrs. The PRUICIPAL CAUSE OF DEATH and related causes of Importance
9 Trade profession or particular	were affollows: Tremature burch Date of onse
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at his occupation (month and	
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month end year) this year) this occupation this	
12. BIRTHPLACE (city or town) Fiells	Other Coutributory Causes of importance:
(State or country)	tippender ontration
5 13. NAME Norman Elsworth Mullin	or mochest
13. NAME Norman Elsworth Mullin 14. BIRTHPLACE (city or town) Howard Co. Mel	Name of operation Date of
(State or country)	What test confirmed diagnosis? Seal Was there en au'opsy? M
15. MAIDEN NAME Franças Louise Muller	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Francis Louise Muller 16. BIRTHPLACE (city or town) Frederick Co. (State or country)	Accident, suicide, or homicide? Date of Injury19
(State or country)	Where did injury occur?
7. INFORMANT No mane. Mulliany	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	Harar of later.
Plate Leve Tolore - Date 30 une 12	Manner of Injury
31/9/ Quede	
19. UNDERTAKER (Address)	24. Was disease or injury In any way related to occupation of deceased?
20 C mary market	If so, specify the many (Signed) . The many M.
20. FILED 9 Stage 19 Cook & Meeting	or a like the the
If more blanks are needed, address Sfole Regi	(Address)

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis -	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
				1		

RESERVED

MARGIN

V. S. No. 1

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Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.	S.		
Other contributory causes of importance:	god MP	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WRITE PLANKY,

	06030
PLACE OF DEATH ,	STATE OF MARYLAND
County Hederick	CERTIFICATE OF DEATH
H H	Registration Dist. No. 136
2 FULL NAME Stillow Randot	Sta: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A COOR OR RACE S HINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Day)	17 I HEREBY CANTIFY, That hattended the deceased from 12 to
7 AGE If LISS than I day hrs. ds. or min.?	The CAUSE OF DEATH 2 was as follows:
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (explayer)	(Duration) yrs. mos. do.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) (State or country)	Contributory Secondary Chation M. D *State the Discaso Causing Death, or, in desths from Volent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN TO THE FEST OF MY KNOWLEGE	B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transpients or Recent Residents) At place of death
(Informant) Leg Mandalph. (Address) James Mile Ald	Former or usual residence
15 Filed Jane 11 1934 & Offredrucker	20 UNDERTAKER ADDRESS ADDRESS ADDRESS Helallslow

If more blanks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. Me. 1.

S. No. 1.

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REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind devork and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative health. state occupation at beginning cfillness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day Spinner, (b) Collon mill; (a) Salesman. should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery: additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Mever return 'Laborer," "Forcman," "Nanager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, Locomotive engineer, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, 6 Stationary fireman, etc. But in many Automobile feetory. The Laborer-Coal mine, etc. Wompersons enmateria?

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia");

as fracture of skull, and consequences (e.g., selass) papproved by Committee on Nomenclature of the "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Measles Edisease inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of carbolic acid-probably sureide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), cough; Chronic affection need etc. The contributory valvular heart disease; not

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

	A,	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06032
	Registration Dist. No./3/
County Frederick Village or City Shooks town	No. P. L. St., Ward
(1	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
	ytsmus
2. FULL NAME George Thomas Roberts	St., Ward.
(a) Residence: No. Another (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH June 8, 193 4 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Minnie Shook	22. May D, 1914, to xue 8, 1934
6. DATE OF BIRTH (month, day, end yeer) Oct. 16, 1868	Hast saw h. 11 alive on Trule 8 1934 : death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4.450 m.
65 10 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular Farmer kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	A
kind of work done, as SPINNER, FATTHET SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, General Farming SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and the sequential or month and t	Coronary Mionebass 6-8-3
3. Industry or business in which work was done, as SILK MILL, General Farming SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and May 34 spant in this occupation year)	
12. BIRTHPLACE (city or town) Maryland	Other Contributory Causes of Importance:
(State or country)	Chronic Myocarditis 1927
当 13. NAME William W. Roberts	
13. NAME William W. Roberts 14. BIRTHPLACE (city or town) England	Name of operation Date of
(State of Country)	What test confirmed diegnosis? Was there an au'opsy?
15. MAIOEN NAME Annie Renner Germany	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
Mrs. Minnie S. Roberts.	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Frederick, Md. R. D.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Mt Dlivet Cem Frebate June 11, 1934	Manner of injury
19. UNDERTAKER M. R. Etchison & Son.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Frederick. Md.	If so, specify
20. FILEO 9 June, 184 doraf mecude	(Signed)
4	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUL 5 1931	July 5,1927	Peritonitis	3 days ago
dic-	BURFAU V.S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

06033

1. PLACE OF DEATH	- (82R)
County Frederick	Registration Diet No.
Village or City Frederick THIN CORPORTE CHANGE	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Miss Lillian Gertrude Rode	rick
(a) Residence: No. 104 East Fourth Street (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Female White Single	June 27th., 193 4 (Month) (Dey) (Year)
ia. If masried, widowed, or divorced	(month) (bey) (rear)
HUSBAND of (or) WIEL of	22. () I HEREBY CERTIFY. That I attended deceased from
157/	July 0 1935, to June 21, 1934
5. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 12:45 R. M.
1 dayhrs.	The PRINCIPAL CAUSE OF DEATH and eleted cause of importance
62 11 21 ormin.	wera as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Domestic	WILLIAM SCHOOL 1981)
9. Industry or business in which	1 100
work was done, as SILK MILL, SAW MILL, BANK, etc	4. 67
10. Date deceesed last worked et this occupation (month end year)	
year)	Other Contributor Pauses of Importence
12. BIRTHPLACE (city or town)	Chila Communication
(otate of country)	1 1 1 1 1 1 1 1 1 1 1 1
13. NAME William Roderick	June Maria
(State or country) Maryland	Name of operation
15. MAIDEN NAME Ellen Lease	What test confirmed diegnosis?
	Accident, suicide, or homicide? Data of Injury 19
16. BIRTHPLACE (city or town) (Stete or country) Maryland	Where did injury occur?
17. INFORMANT Mrs. Roy Burke	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Mrs. Roy Burke (Address) 104 East Fourth Street	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mt. Olivet Cem. Date 6/30/34 ,19	Neture of injury
19. UNDERTAKER M. R. Etchison & Son	24. Wes disease or Injury In any way related to occupation of deceased
(Address) Frederick, Maryland	If so, specify f // // // // // //
20 FILED 28- Cune 1934 Am Loud	(Signed) Hranh H- July M.D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Belimore, Requesting U. S. Mo. 1.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDGALL V. S	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1321		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BIRE'YO			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDI

MARGIN RESERVED

V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH 16036
1. PLACE OF DEATH	23
County Frederick	Registration Dist. No. 139
Village or City State Sanatorium (If Length of residence in city or town where death occurred	Mo. ary and Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Paul TM Sang	hute Sanchuk
(a) Residence: No. State San Barrey Grand Residence Rose San Alexander Rose Rose Rose Rose Rose Rose Rose Rose	Frederick Co. Waryland
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 26 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Thina Sanchuk	22. I HEREBY CERTIFY, That I attended deceased from Proly 19 1932, to June 26 1934
6. DATE OF BIRTH (month, day, and year) Febr. 19 1892	i last saw h. Ama alive on June 26 , 19 3 44 death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated abova, at 7.15 P.m.
42 4 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows: Vulmonary Tubercalosis 0 2 4
O kind of work done, as SPINNER, Kitchen helper in	17.27
kind of work done, as SPINNER, Kitchen helper in SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, hospital SAW MILL, BANK, etc. 10. Data deceased last worked at this coveration (years)	
SAW MILL, BANK, etc.	
and open bottom (tributer puls)	
year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME Whichael Sanchuk 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation None Positive Date of
(State of country)	What test confirmed diagnosis? X-Koy Was there an autopsy?
15. MAIDEN NAME Mary (last name unknown) 16. BIRTHPLACE (city or town)	23. If death was due to externat causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicida? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT deceased on admission (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL	Manner of injury
Place do actions Date Turbusy Ty	Nature of injury
19. UNDERTAKER M. S. Creager (Address) Thurmont Hold.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 976 , 194 Registrar.	(Signed) (Sand Cohen M. D. (Address) State Sanatorium Md
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

10000

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Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	4 48 5 19	July 5,1927	Peritonitis	3 days ago
	BUREAU V	s		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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MARGIN RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Chronic interstitial nephritis		2 1921	Run over by street car : .	1 week ago
Cerebral hemorrhage	BUREAU V.	July5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

certificate.

Jo

See instructions on back

is very important.

TION

STATE OF	MARY	YLAND-	CERTIFICATE OF DEATH 06038
Frederick ty Frederick lence In city or town where death	occurred 55		No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) 22 ds. How long In U.S. if of foreign birth?
ME Victor Roy S: e: No. 161 B. & O.		of abode)	St., Ward. If nonresident give city or town and State
AL AND STATISTICA	L PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
Mnite Month, day, and year) Months 1 2	Single 1 25, 1 Days	RED, WIDOWED, ('write the word) Box 1 If LESS than 1 day,hrs. ormin.	21. DATE OF DEATH June 14th
sion, or particular ork done, es SPINNER, BOOKKEEPER, etc	1		Cerebral Hemowheye 19/0x
d last worked et etion (month and 1932 Maryland		me (years) It In this 40 pation	Other Contributory Causes of Importance:
try)			My Killer sin
ohn A. Simpson.			aftile Schuras.
Frederick			Name of operation Date of

(Signed)_

If more blanks are needed, address State Regultrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registr

1. PLACE OF County____ Village or Ci Length of resid 2. FULL NAP (a) Residence PERSON 3. SEX Male 6. DATE OF BIRTH 7. AGE 8. Trade, profes OCCUPATION SAWYER. 9. Industry or b work was SAW MIL 10. Date decease this occup year) ... 12. BIRTHPLACE (cit (State or coun FATHER 13. NAME Maryland (State or country) Mary Pampell MOTHER 15. MAIDEN NAME 23. If deeth was due to external causes (VIOLENCE) fill in also the following: Frederick 16. BIRTHPLACE (city or town) ----- Maryland (State or country) Where did Injury occur?_____ (Specify city or town, county and State)
Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Mrs. Nora Bopst, 17. INFORMANT __ (Address) Frederick, Md. 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury PlaceSt. John's Cem. Fred Date June 16, 1934 Neture of injury_.. R. Etchison & Son. 24. Was disease or injury in any wey related to occupation of decoased? 19. UNDERTAKER Frederick, Md. (Address) If so, specify ... 20. FILED 13 -

V. S. No. 1

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Company Line P				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		, , , , , , , , , , , , , , , , , , , ,		

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE OF MARY	LAND-	CERTIFICATE OF DEA	AIH OSOMO
1. PLACE OF DEATH		3	136
County Smiller	-00	Registration	Dist. No.
Village or City new of fames	allo	No. death occurred in a hospital or institution, give its NAM	St., Ward
Length of residence in city or town where death occurred	_yrs,mos		
2. FULL NAME Snow de	ne		
(a) Residence: No. (Usual place of a	abode)	St., Ward.	t give city or town and State
PERSONAL AND STATISTICAL PARTIC	ULARS	MEDICAL CERTIFICATI	E OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (ED, WIDOWED, write the word)	21. DATE OF DEATH	- 9 ,193 4
5a. If married, widowad, or divorced		(Month)	(Day) (Yeár)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIF	Y, That I attended deceased from
0 0	10 - 10	, 19, to	, 19
or Date of Diktif (month, ad), and jour)	1934	I last saw h alive on box de	, 19; death is seld
7. AGE Yaars Months Days	If LESS than 1 day,hrs.	to have occurred on the date statad above, at	
` - -	ormin.	The PRINCIPAL CAUSE OF DEATH and related cau ware as follows:	Date of onest
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked et this occupation (month end		Bern diget	
9. Industry or business in which			
work was dona, as SILK MILL, SAW MILL, BANK, atc.		broken	
	n this		
year) occupa	tion	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Inel co	1	,	
(State or country)			
13. NAME Elei Inowder 14. BIRTHPLACE (city or town) Lead eo	-		
14. BIRTHPLACE (city or town) Lord eo		Name of operation	Date of
(State of country)		What test confirmed diagnosis?	Was there an autopsy?
15. MAIDEN NAME Moyell Bow 16. BIRTHPLACE (city or town) June 100 (State or country)	man	23. If death was due to external causes (VIOL ENCE) 1	fill In also the following:
5 16, BIRTHPLACE (city or town) Jural co		Accident, suicide, or homicide?	Date of injury, 19
∑ (State or country)	ne	Where did Injury occur?	
17. INFORMANT Le mow der	_	(Specify eity of Specify whether injury occurred in INDUSTRY, in H	or town, county and State) OME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
Placa Elmayer O Data	1994	Nature of injury	
19. UNDERTAKER Eli Inowder	ح	24. Was disease or Injury In any way related to occu	pation of daceased?
(Address) familie	Chies	(Signed) Mary Jol	enanging by
20. FILED Jack T., 1984 - Le V. Afrancole	Registrar.	(Address) Lamen	elle

CEDTIFICATE OF DEATH

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

FOR BIND

MARGIN RESERVED

V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	46)
County Marieky	Registration Dist. No. 138
Village or City Bartholows	No. St., Ward
(II Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Glooge Mashin	aton. Stell.
(a) Residence: No.	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE OR DIVORCED (write the word) Wildow	21. DATE OF DEATH June 4th, 1933 Y. (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(101)
(or) the Eemma Jane Steel	May HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) about 27 1853.	I last saw him elive on Justic 4 , 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 7. 30 m.
\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8 Trade profession or particular	Carcinoma of Intertine March
SAWYER, BOOKKEEPER, etc.	1934
Mork was done, as SILK MILL, SAW MILL, BANK, etc	
2 10. Dato deceased last worked et 11. Total time (years)	
this occupation (month end year) - dans	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) / Wave Landi	
I 13. NAME Joseph Steel	
13. NAME Joseph Steel 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Maryland	What test confirmed diagnosis? No Was there en au'opsy? No
15. MAIDEN NAME annie Keerrey	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury 19
(State or country) Warfland.	Where did injury occur?
17. INFORMANT Mr. Walter Steel Loon)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
(Address) Bartholow Ma	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Arion Hay Date 6 - 9 , 1934	Neture of injury
19. UNDERTAKER Wendless Will Market Md.	24. Was disease or injury in any way related to occupation of deceased? No
1. 2 0/4 2/19 2	If so, specify (Signed) Ometh P Roop
20. FILED 6 0 , 19 37 2 R of alcones Registrar.	(Address) New Market, Ind.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II	Example I						
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes Date of onset of importance were as follows:					
Attack of epilepsy	1915	Arteriosclerosis					
Run over by street car	1921	Chronic interstitial nephritis					
Peritonitis .	July 5,1927	Cerebral hemorrhage					
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gallstones					
Gastroenteritis	May 1,1923	Gallstones					
uses	The principal cause of death and related ca of importance were as follows: Attack of epilepsy Run over by street car Peritonitis Other contributory causes of importance:	Date of onset The principal cause of death and related ca of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:					

STATE OF MARYLAN	D—CERTIFICATE OF DEATH
1. PLACE OF DEATH	7 / 2 / -
County All Man	Registration Dist. No. / 2
Village or City The All Shift	(If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME DANIE	· flimal
(a) Residence: No. 4 1 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIFD, WIDOV OR DIVORCED (write the y	
5e. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY Thet I ettended decensed from
1 11/-31/	July (7, 193), to Julie 1 7 19 31
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS	then to have occurred on the date stated above, at 17 m,
1 dey,	hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of importance
8. Trade, profession, or particular	in. were esfollows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Coule cardiae delalation 6-15-3
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and spent in this	
year) occupation (notified and occupation /	Other Centributery Causes of importance;
12. BIRTHPLACE (city or town) Talalrus	
(State or country) 13. NAME What Hadele	Jorgenia 6-14
I 13. NAME	2
14. BIRTHPLACE (city or fown)	Name of operetion Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Helen 8. Vaile	23. If death was due to externel ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homlolde? Date of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) 1911 Call Services	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place Tallvelle Centre le / 16/34	9 Nature of Injury
19. UNDERTAKER Globert V. Disyou	24. Was disease or injury In any way related to occopation of deceased?
(Addiess) Felderick, Treat	If so, specify
20. FILED 6- June 19 & 4 Clote / Jonele	(Signed) (Address) All Alek (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 106043
1. PLACE OF DEATH	
County Lederela	Registration Dist. No. / 2
Village or City Montevue tossitul	No. St., Ward death occurred in a hospital or institution, give its NAME justed of street and number)
Langth of rasidenca in city or town whera daath occurredyrsmos	,)
2. FULL NAME Codney Monne It	rompson que.
(a) Residence: No. (Usual place of abode)	St., Ward. // If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 2 7 , 193 H
5a. If married, widowed, or divorced	(Month) (Oay) (Yaár)
HUSBANO of (or) WIFE of	22. HEREBY CERTIFY, That I attended decaased from
. ^ -	June 1 5, 19 34, 10 June 27, 19 34
6. DATE OF BIRTH (month, day, and year) Dec 21, 1911	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 10.45 U, m.
22 6 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	7
SAWYER, BOOKKEEPER, etc.	dy plus gers for 15
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Oate deceased last worked at 11. Total time (years)	
this occupation (month and 1934 spent in this occupation 4.44	
12. BIRTHPLACE (city or town) Waruland	Other Contributory Causes of Importance:
(State or country)	
13. NAME John Thompson	
13. NAME John Stromboon 14. BIRTHPLACE (city or town) Maryland	Nama of operation Oate of
(Stata or country)	What test confirmed diagnosis? Was there an au'opsy?
# 15. MAIDEN NAME Ida Smith	23. If death was due to external causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME Ida Swith 16. BIRTHPLACE (city or town) Waryland	Accident, suicide, or homicida?Oate of Injury
(State or country)	Whera did injury occur?
17. INFORMANT James a forces level.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL	Manner of injury
Place duplous orle one price 30, 1939	Nature of injury
10 UNDERTAKED Backer -	24. Was disease or injury In any way related to occupation of deceased?
19. UNOERTAKER (Address)	If so, specify
Transport of his till	(Signed) BOHL M. D.
20. FILED J. J. C. San J. J. M. Clark	(Ardress) Frederick Me
If more blonks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

444	STATE OF MARYLAND—	CERTIFICATE OF DEATH 86044
stat UPA	1. PLACE OF DEATH	(22)
(3	county Fredericks,	Registration Dist. No. 139
should of OCC	Village or City State Sanatorum	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
ZS ZS		2.1 ds How long in U.S. if of foreign birth?yrsmosds.
RD. Every YSICIANS statement	2. FULL NAME Jamuel Richard	Tailer
D. E SIC	BARTLAND TUBERCHLOSIS SAN	VATORIUM WALL OUT TO MAKE THE TOTAL
RD YS st:	(a) Residence: No.	St., Ward. If nonresident give city or town and State
RECOR PHY Exact s	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Y. Pr Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
T L ed.	5a. If married, widowed, or divorced	(Month) (Day) (Year)
TANE! A C T assified	HUSBAND of Widowed (when inte	22. I HEREBY CERTIFY, That I attended decaased from
ERN ELS Cla	6. DATE OF BIRTH (month, day, and year) 22 1886	I lest sew hand alive on
PH H H rly cate	7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 2.45 Am.
IS A stated proper ertifica	11 1 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
IS st: pr pr	8 Trade profession or particular	ware as follows:
HIS be be of	sawyer, Bookkeeper, atc. Cable Fleer	Pulmonary tuberculous mays
ould may back	9. Industry or business in which work was dona, as SILK MILL.	1934
<u> </u>	work was dona, as SILK MILL, SAW MILL, BANK, etc.	. Crusety
1000	The Date dacaased last workad at this occupation (month and 16,193) aspant in this occupation occupation	april only
NFADING I plied. AGE rms, so that instructions	10-+10-100	Other Contributory Causes of importance:
DIP So so ucti	12. BIRTHPLACE (city or town)	of page 1 half a librar
FA lied ms, str	# 13. NAME Rolet Oco . Trubler	Title tesses of the second of
F 0 0	II IS, NAME GOOGLE, COOK ! GOODLE C	
H L y su ain t	14. BIRTHPLACE (city or town). (State or country)	Name of operation. Dete of
re pl	15. MAIDEN NAME margaret C. dsel	23. If daeth was due to extarnal causes (VIOLENCE) fill in elso the following:
are I in	15. MAIOEN NAME Margaret C, drel 16. BIRTHPLACE (city or town) manyland (State or country)	Accident, suicide, or homicida?
TATE THE ME	∑ (State or country)	Whara did injury occur?
T DAG X	17. INFORMANT W. Quadrer (Addrass) State Condition	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
PL. hould OF I	18. BURTAL, GREMATION, OR REMOVAL	Manage of injury
TE n s	Place Date 19	Nature of Injury
WRIT nation	has Cala 1917 At R. O.St	24. Was disease or injury in any way ralated to occupation of daceesed?
N E OF	19. UNOERTAKER W. LOWA LA TOUR CANADISCO CONTROL OF THE CONTROL OF	If so, specify
m ()	14 26 Atm	(Signad) are derrifing the tribers M. D.
z	20. FILED Registrar.	(Addrass) tate Variationin hel
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baliimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	Example II
The principal cause of death and related causes Date of of importance were as follows:	The principal cause of death and related causes Date of or of importance were as follows:
Arteriosclerosis 191	Attack of epilepsy 1 week
Chronic interstitial nephritis	Run over by street car 1 week
Cerebral hemorrhage July 5,	Peritonitis 3 days
Other contributory causes of importance:	Other contributory causes of importance:
Gallstones May 1,	1923 Gastroenteritis 1 yea

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	\mathbf{BY}	PHYSICIAN
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	PI
	ITE
-	-WR
S. No.	B.
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STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	7
County frederick	Registration Dist. No. 3.0
Village or City Point of Rocks	NDSt.,Ward
Length of residence in city or town where death occurredyrs	(If death occurred in a horpital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmosds,
2. FULL NAME Lucille Margaret	-Mallace
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale Calarel 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)	
5a. If married, widowed, or divorced HUSBAND of	
(or) Wife of	22. I HEREBY CERTIFY. Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) Felo. 28, 1934	I last saw h alive on19; death is said
7. AGE Years Months Days If LESS that	to more obtained on the data stated above, a great at all and a stated above, a great at a great at a stated above, a great at a stated above, a great at a
0 3 22 1 day,min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Frade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BDDKKEEPER, etc.	Measlas 110s
No. Trade: profession, or particular, as SPINNER, sawyer, BDDKKEEPER, etc	R1 + 1. 5-1
10. Dato deceased last worked at this occupation (month end spant in this	Album by I have
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
13. NAME Tulicl D. Wallace	
13. NAME CULCL D. Mallace 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there en au'opsy?
15. MAIDEN NAME Jardy Frage: 16. BIRTHPLACE (city or town) March of State	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Q. D. M. Racket, M.C.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DB, REMOVAL Place Della Of Carlos Date Jacob 21, 18-	Manner of Injury
Place DIM Of College Date June 19	Nature of injury
19. UNDERTAKER (Address) Frederick Med	24. Wes disease or injury In any way related to occupetion of deceased?
20. FILED THANKS AND 19 74 TCL Registrar.	(Signed) / Cly / (relian) Regulation M. D.
If more blanks are needed, address State Regist	rar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis *	3 days ago
00 6: 1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER ST	TATEMENTS	BY	PHYSICIAN	ſ
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A- A-	STATE OF MARYLAND-	-CERTIFICATE OF DEATH 06046
infor state	1. PLACE OF DEATH	(15%)
ould occ	County Horeldungs	Registration Dist. No. 144
item of should of OCC	Village or City Near Franklinvelle	No. St Wa
. 70	Length of residence in city or town prere death occurredyrsmo	If death occurred in a hospital or institution, give its NAME instead of street and number) Sds. How long in U.S. if of foreign birth?yrsmos
RD. Every YSICIANS	2. FULL NAME Delans was Wast	ler
2 3	(a) Residence: No.	St., Ward.
CORD. PHYSI et stat	(Usual place of abode)	If nonresident give city or town and State
X E	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
E Y .	Hemal White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Twrite the word)	21. DATE OF DEATH June 1994 (Month) (Oav) (Year)
BINAMED EXACT classified	5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. A HEREBY CERTIFY/That I attended deceased fro
BINJ EX EX y cla	6. DATE OF BIRTH (month, day, and year) Aun 19 1934	Hours 19 Raw all 19 193/4 death less
Ily P	7. AGE Years Months Oavs If I FS Softan	to have convered on the data extend above at 5.25 4 h
FOR IS A stated proper ertific	1034 A. A. 1 1 day, 50 f-hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
- 70	8. Trade, profession, or particular	were as follows: 4 maniton Date of one of media
ED HIS be be be of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Does young , the attending Ingisions was
KTI fould may back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	very ill. He has since didd and was
E S S H	10. Date deceased last worked et 11. Total time (years)	not able to give the desiral informa-
RES ING I AGE that	this occupation (month end spant in this occupation	tion Cws of
Z	12. BIRTHPLACE (city or town) maryland	Other Contributory Causes of Importance:
MARGIN UNFADI supplied. n terms, se	(State or country)	
	13. NAME Edgar Ralphygartter	
Ξ το	14. BIRTHPLACE (city of town) Mary Cand (State or country)	Name of operation Date of
WITU efully in pla		What test confirmed diagnosis?
INLY, WI be careful EATH in p	E Coalen a Perod	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
LY TH TTH por	16. BIRTHPLACE (city or town) 17 16. BIRTHPLACE (city or town) 17 17 17 17 17 17 17 1	Accident, suicide, or homicide?
	17. INFORMANT Edgar Rulph Wastler	Where did injury occur? (Specify city or town, county and State)
E PLA should OF D	(Address) Thurnouth M	Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
F-Y (0)	18. BURIAL, CREMATION, OR REMOVAL n. B Cein	Manner of injury
	Place Museum Date June 3, 193 4	Nature of injury
-WRITI mation s CAUSE TION is	19. UNDERTAKER May Creage Hay	24. Was disease or injury in eny way related to occupation of deceased?
S R	(Addjess) Man Man	If so, specify
× × (T)	20. FILED James 20, 1934 thomas W. Jones	(Signed) M. I
	If more blenks are model all Company	(Address) / recommend my
	aj more vianas are needea, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased dad retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
THE PROPERTY SE				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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	WIT	fully
		care
4	AIN	d be
	E PL	nous
	'RIT	mation should be carefully
No. 1	N. B.—WRITE PLAINLY,	ma
V. S. No. 1	Z.	(

1. PLACE O		OF MAR	YLAND-	CERTIFICATE OF DEATH	0604	
	WITH	IN CORPORTS	TE LIMITO OF	(2/		
	Frederick			Registration Dist. No./ 1		
Village or	City Frederick			No. 1 . St., death occurred in a horpital or institution, give its NAME instead of street and	Ward	
Length of ra	sidence in city or town whara	death occurred	yrs,mos	. 42ds. How long in U.S. If of foreign birth?yrs	mosds	
	ME James Woo			Palto Co.		
(a) Reside	nce: No.			St. Ward. Sparrows Point, Md.		
		(Usual place		If nonresident give city or town an	ıd State	
	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH		
Male	Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower		D (write the word).	June 16th. (Month) (Day)	., 193 4 (Year)	
5a. If married, widowad, or divorced HUSBAND of Elizabeth Burley (or) WIFE of		22. I HEREBY CERTIFY, That I attanded				
6. DATE OF BIRTH (month, day, and year) Oct. 27, 1865			365	I last say h im a Book D June / 619 & V; death is sai		
	ears Months	Days	If LESS than	to have occurred on the date stated above, at 5.30P m.	7	
68	3 7	29	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance ware as fellows:		
Yrade, profession, or particular kind of work done, as SPINNER, Engineer 9. Industry or businass in which Bethlehem Steel work was done, as SILK MILL, SAW MILL, BAKK, atc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) 37 spart in this occupation occupation.			time (years) 37	(Crebial Humbre	fire 1	
12. BIRTHPLACE (city or town) England (State or country)				Other Contributory Causes of Importance:		
13. NAME Joseph Woodhead						
13. NAME Joseph Woodhead 14. BIRTHPLACE (city or town) England (State or country)				Name of operation. Date of		
15. MAIDEN NA	AME Mary Ann F	rench		What test confirmed diagnosis? Was there an		
16. BIRTHPLACE (city or town)				23. If death was due to external causas (VIOLENCE) fill in also the following Accident, suicida, or homicide? Date of Injury		
Mrs. Bruce W. Starner. 17. INFORMANT (Address) Frederick, Ma.				Where did Injury occur?(Specify city or town, county and Str Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC P	nte) LACE.	
18. BURIAL, CREMATION, OR REMOVAL			70	Mannar of Injury		
PlacePark Wood Cem. Balton, June 19, 1934			≥ 19 _{, 19} 34	Nature of Injury		
M. R. Etchison & Son 19. UNDERTAKER Frederick, Md.				24. Was discuss or injury in any way ralated to occupation of dacaasad?	no	
20. FILED 17-June 19 & y Dog meling				(Signad) Specify (Signad) (Address) Address (Address) (Address) (Address (A	6 M.D	

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

A Decree	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
7-1-1-1-1-1		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Perilonitis Other contributory causes of importance: